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Patent

Attorney's Docket No. 42P11893D
In re the Application of: Chesser et al.
Application No.: 10/648,170
Filed: August 26, 2003
For: MODULAR CAPILLARY PUMPED LOOP COOLING SYSTEM
(title)

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR/MADAM: Transmitted herewith is an election and amendment for the above application.

Applicant claims small entity status. See 37 CFR 1.27.

No additional claims fee is required.

OTHER -

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY				
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	12	Minus	20	0	X25	\$	X50	\$ 0
Indep. Claims	2	Minus	*** 3	0	X100	\$	X200	\$ 0
	First Presentation of Multiple Dependent Claim(s)				+180	\$	+360	\$ 0
*	If the entry in Col. 1 is less than the entry In Col. 2,				Total	\$	Total	\$ 0.00

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|---|---------------------------|---------------------------|
| <ul style="list-style-type: none"> * If the entry in Col. 1 is less than the entry In Col. 2,
write "0" in Col. 3. | Total
Add. Fee | Total
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****** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

******* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Certificate of Mailing: I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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on October 5, 2007
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Signature

October 5, 2007

A check in the amount of \$ _____ is attached for presentation of additional claim(s).
Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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Date: 10-5-07

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